

# BRIGHT FUTURES EXAM: 2 1/2 YEAR OLD

|   |    |    |  |      |       |   |   |   |  |
|---|----|----|--|------|-------|---|---|---|--|
| NAME:   |    |    | VISIT DATE: ____/____/____                                   |      |       | DOB: ____/____/____   |   |   |  |
| MaineCare I.D. #:   |    |    | <input type="checkbox"/> <b>NO SHOW</b>                      |      |       | Actual Age: ____ Years ____ Months  |   |   |  |
| Examiner's Last Name:   |    |    | Examiner's NPI #:  |      |       | Pay To NPI #:   |   |   |  |
| KEY: Mark NI if normal, Ab if abnormal, or Y if yes, N if no, or ✓ if item done   |    |    |  |      |       |   |   |   |  |
| (1) HISTORY   |    |    | (2) PHYSICAL EXAM  |      |       | (3) IMMUNIZATIONS GIVEN   |   |   |  |
| 1. General health   | NI | Ab | 13 WT _____, _____ %   | NI   | Ab    | 31 Up to date?  | Y | N |  |
| 2. Illness Free   | Y  | N  | 14.Standing HT _____, _____ %                                |      |       | if not, immunizations given:  |   |   |  |
| 3. Injury Free  | Y  | N  | 15. BMI _____/_____  |      |       | Document vaccine brand below and record in Impact2  |   |   |  |
| 4. Vitamins   | Y  | N  | 16. Blood Pressure   |      |       |   |   |   |  |
| 5. Fluoride (water/Rx)  | Y  | N  | 17. Skin   |      |       |   |   |   |  |
| 6. Toilet trained   | Y  | N  | 18.Head 19.Eyes (red reflex, conjugate ocular mobility)      |      |       |   |   |   |  |
| 7. Family/Nutrition, balanced   | NI | Ab |  |      |       |   |   |   |  |
| 8. Stools   | NI | Ab |  |      |       |   |   |   |  |
| 9. Urine  | NI | Ab | 19. Ears, (TM's ) nose, throat                               |      |       |   |   |   |  |
| 10. Single Parent   | Y  | N  | 20. Teeth (caries, dental injuries)                          |      |       |   |   |   |  |
| 11. Cigarette / Wood Smoke  | Y  | N  | 21. Neck   |      |       |   |   |   |  |
| 12. Child care plan   | Y  | N  | 22. Lungs  |      |       |   |   |   |  |
|   |    |    | 23. Heart  |      |       | <b>(6) KEY ANTICIPATORY GUIDANCE</b><br>✓ * = key items<br>*52. Brush teeth as parent & child team<br>*53. Limit TV<br>*54. Teach stranger safety<br>*55. Dental referral<br>56. Car seat in back<br>57. Keep home/car smoke free<br>58. Ensure playground/water safety<br>59. Test smoke detectors/check batteries<br>60. Sun exposure/sunscreen<br>61. Childproof home (matches, poisons, meds, alcohol, outlets, guns, etc.)<br>62. Poison Control, Give #<br>63. Healthy choices for snacks/meals<br>64. Expect normal sexual curiosity<br>65. Give individual attention; opportunities to explore, socialize, play<br>66. Provide chores, enforce limits/ time outs<br>67. Help siblings resolve arguments<br>68. Set limits/praise good behavior<br>69. Imaginary friends<br>70. Encourage reading<br>71. Serve as a role model for behavior & habits<br>72. Ask about WIC<br>73. Discuss community programs (i.e Headstart)<br>74. Childcare/daycare<br>75. Family meals |   |   |  |
|   |    |    | 24. Abdomen  |      |       |   |   |   |  |
|   |    |    | 25. Genitalia  |      |       |   |   |   |  |
|   |    |    | 26. Musc/Skel  |      |       |   |   |   |  |
|   |    |    | 27. Gait   |      |       |   |   |   |  |
|   |    |    | 28. Neuro (Coordination, language, socialization)            |      |       |   |   |   |  |
| (5) DEVELOPMENTAL MILESTONES  |    |    | 29. Extremities  |      |       |   |   |   |  |
|   | Y  | N  | 30. General hygiene  |      |       |   |   |   |  |
| 39. Jumps in place  |    |    | (4) SCREENING  |      |       |   |   |   | 65. Give individual attention; opportunities to explore, socialize, play |
| 40. Throws ball overhand  |    |    |  |      |       |   |   |   | 66. Provide chores, enforce limits/ time outs                            |
| 41. Brushes teeth with help   |    |    |  |      |       | 67. Help siblings resolve arguments   |   |   |  |
| 42. Puts on clothes with help.  |    |    |  |      |       | 68. Set limits/praise good behavior   |   |   |  |
| 43. Copies a vertical line  |    |    |  |      |       | 69. Imaginary friends   |   |   |  |
| 44. Can sing a song   |    |    |  |      |       |   |   |   |  |
| 45. Knows sounds made by animals (dogs bark, cows moo. Etc.)  |    |    | 32. Vision R20/____L20/____                                  | NI   | Ab    | 70. Encourage reading   |   |   |  |
| 46. Uses short (3-4 word) phrases   |    |    | 33. Hearing R____/L____                                      | NI   | Ab    | 71. Serve as a role model for behavior & habits   |   |   |  |
| 47. Is understandable 50% of time   |    |    | 34. Blood lead test (if high risk and not previously tested. | NI   | Ab    | 72. Ask about WIC   |   |   |  |
| 48. Points to 6 body parts  |    |    | 35. MCHAT: Part I  | Pass | Refer | 73. Discuss community programs (i.e Headstart)  |   |   |  |
| 49. Plays in imaginary way with toys or doll  |    |    | 36. Part II (only if part I fails)                           | Pass | Refer | 74. Childcare/daycare   |   |   |  |
| 50. Plays some with another child (chase games, tea parties)  |    |    | 37. Oral Health Risk Assessment                              | NI   | Ab    | 75. Family meals  |   |   |  |
| 51. Has friends   |    |    | Assessment Tool Used? Level of risk _____                    | Y    | N     |   |   |   |  |
|   |    |    | ASQ Score _____  | Pass | Refer |   |   |   |  |
|   |    |    | Peds _____   | Pass | Refer |   |   |   |  |
|   |    |    | 38. Do PPD (if exposure risk) If done , Result               | NI   | Ab    |   |   |   |  |
| Neg Pos   |    |    |  |      |       |   |   |   |  |
| MaineCare Member Services follow-up needed: [circle as appropriate] arrange transportation/ find dentist/ find other provider/make appointment/ Public Health Nurse visit/other |    |    |  |      |       |   |   |   |  |
| ASSESSMENT/ABNORMALS PLAN [refer to line item number]   |    |    |  |      |       |   |   |   |  |
|   |    |    |  |      |       |   |   |   |  |
| EXAMINER'S SIGNATURE: _____ DATE: ____/____/____ RTC in ____ months   |    |    |  |      |       |   |   |   |  |